

# Data Elements for Client-level Data Export

(Effective for the 2010 Annual RSR)

A client report must be submitted by **ALL** agencies that provide services directly to clients. This document outlines the data fields that will be submitted in the XML file. The client report will contain one record for each client who received a Ryan White HIV/AIDS Program-funded core medical service or support service during the reporting period. For detailed information about these data elements and reporting client-level data, refer to “The Client Report” section in the RSR Instruction Manual.

**Note:** For the first two RSR reporting periods (January–June 2009 and January–December 2009), only service providers receiving RWHAP funds to provide outpatient/ambulatory medical care, medical case management, or non-medical case management services were required to submit a client-level data file. However, for the 2010 reporting period, **ALL PROVIDERS MUST UPLOAD CLIENT-LEVEL DATA** (if applicable).

| Field #                    | Variable Description   | Coding  | Rationale <sup>1</sup>   |
|----------------------------|--|---|--|
| SV1                        | Reporting Period   | Jan 1 - Jun 30, 20XX<br>Jan 1 - Dec 31, 20XX  |  |
| SV2                        | Unique Provider ID   | <hr/> unique provider number  |  |
| <b>Client Demographics</b> |  |   |  |
| SV3                        | Encrypted Unique client ID (eUCI)  |   |  |
| 1.                         | Date of client’s first service visit at this provider’s agency or organization | __/__/____<br>MM/DD/YYYY<br>(If only month and year are known, enter “01” as the day.)<br><br>Unknown | Necessary for identifying new clients<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |

| Field # | Variable Description  | Coding  | Rationale <sup>1</sup>   |
|---------|---|---|--|
| 2.      | What was the client's vital enrollment status at the <u>end of this reporting period</u> ?          | Active, continuing in program<br>Referred to another program or services, or became self-sufficient<br>Removed from treatment due to violation of rules<br>Incarcerated<br>Relocated<br>Deceased<br>Unknown | Necessary to track enrollment or vital status over the course of the reporting period<br><br>Informs the denominator of other items  |
| 3.      | <b>If response is "deceased" in Q2, then answer:</b> What was the client's date of death, if known? | --/--/----<br>MM/DD/YYYY  |  |
| 4.      | Client's year of birth  | -----<br>YYYY<br><br>Unknown  | Used to identify important population subgroups<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement   |
| 5.      | What is the client's ethnicity?   | Hispanic/Latino<br>Non-Hispanic/Latino<br>Unknown   | Used to identify important population subgroups<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> <li>PART</li> </ul> |
| 6.      | What is the client's race?<br>(Select one or more)  | White<br>Black or African American<br>Asian<br>Native Hawaiian/<br>Pacific Islander<br>American Indian or Alaska Native<br>Unknown  | Used to identify important population subgroups<br><br>Necessary for performance measures relevant to ethnicity as required for: <ul style="list-style-type: none"> <li>PART</li> </ul>  |

| Field # | Variable Description  | Coding  | Rationale <sup>1</sup>  |
|---------|---|---|---|
| 7.      | What is the client's current gender?  | Male<br>Female<br>Transgender<br>Unknown  | Used to identify important population subgroups<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for performance measures relevant to gender as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |
| 8.      | <b>If response is "Transgender" in Q7, then answer:</b> What is the client's transgender subgroup, if known?  | Male to female<br>Female to male  |   |
| 9.      | Client's annual household income category as a percent of the Federal poverty level at the end of the reporting period  | Equal to or below the Federal poverty level<br>101-200% of the Federal poverty level<br>201-300% of the Federal poverty level<br>More than 300% of the Federal poverty level<br>Unknown | Used to identify an important population subgroup<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 10.     | Client's housing status <u>at the end of the reporting period</u>   | Stable/permanent<br>Temporary<br>Unstable<br>Unknown  | Used to identify important population subgroups<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 11.     | <p>What was the geographic unit code of the client's residence <u>at the end of this reporting period</u>?</p> <p>If the client's housing is "unstable," enter the geographic unit code of the place the client considered his/her residence or "home base" <u>at the end of this reporting period</u>.</p> <p><b>Note:</b> The geographic unit code is the initial three digits of a U.S. Postal Service ZIP code.</p> | -- -- --  | Used to measure and assess the extent of out-of-service area utilization.<br><br>Used to determine areas of eligibility   |

| Field # | Variable Description   | Coding   | Rationale <sup>1</sup>   |
|---------|--|--|--|
| 12.     | <p>What was the client's HIV/AIDS status <u>at the end of the reporting period</u>?</p> <p><b>Note:</b> HIV-indeterminate (infants only)—A child under the age of 2 whose HIV status is not yet determined but was born to an HIV-infected mother.</p> | <p>HIV negative<br/>HIV +, not AIDS<br/>HIV-positive, AIDS status unknown<br/>CDC-defined AIDS<br/>HIV indeterminate (infants only)<br/>Unknown</p>  | <p>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement</p> <p>Necessary for all performance measures relevant to HIV/AIDS status as required for:</p> <ul style="list-style-type: none"> <li>PART</li> </ul> |
| 13.     | <p><b>If response is “CDC-defined AIDS” in Q12, then answer:</b> What is the year of the client's AIDS diagnosis, if known?</p>  | <p>-----<br/>YYYY</p>  |  |
| 14.     | <p>What is the client's risk factor for HIV infection (select one or more)</p>   | <p>Male who has sex with male(s) (MSM)<br/>Injecting drug use (IDU)<br/>Hemophilia/coagulation disorder<br/>Heterosexual contact<br/>Receipt of blood transfusion, blood components, or tissue<br/>Mother w/at risk for HIV infection (perinatal transmission)<br/>Other<br/>Unknown</p> | <p>Used to identify important population subgroups</p>   |
| 15.     | <p>Indicate <u>all sources</u> of the client's health insurance <u>during this reporting period</u>:</p>   | <p>Private<br/>Medicare<br/>Medicaid<br/>Other Public<br/>No Insurance<br/>Other<br/>Unknown</p>   | <p>Used to identify important population subgroups</p> <p>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement</p>  |

| Field #  | Variable Description                        | Coding   | Rationale <sup>1</sup>   |
|--|---|--|--|
| <b>Core Services:</b><br>Only report data for the services your agency has been funded to provide. The service should be paid for, at least partially, with Ryan White funds. Include services that are initially paid for Ryan White funds and later reimbursed by a third party. Do not report services paid entirely by a third party, even if that service is provided by an individual whose salary is Ryan White-funded. |   |  |  |
| 16.  | Outpatient ambulatory health services       | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |
| 17.  | Oral health care                            | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 18.  | Early intervention services (Parts A and B) | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 19.  | Home health care                            | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 20.  | Home and community-based health services    | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| 21.  | Hospice services                            | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |

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|---|--|--|---|
| 22.   | Mental health services   | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 23.   | Medical nutrition therapy  | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 24.   | Medical case management (including treatment adherence)  | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 25.   | Substance abuse services-outpatient  | Number of visits <u>in each quarter of reporting period</u><br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 26.   | Did the client receive Local AIDS Pharmaceutical Assistance (APA, not ADAP) <u>at any time during each quarter of this reporting period?</u> | Yes<br>No<br>Unknown<br>--- ---  | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 27.   | Was Health Insurance Program (HIP) funding provided for this client <u>each quarter during this reporting period?</u>                        | Yes<br>No<br>Unknown<br>--- ---  | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| <b>Support Services:</b><br>Only report data for the services your agency has been funded to provide. The service should be paid for, at least partially, with Ryan White funds. Including services that are initially paid for with Ryan White funds and later reimbursed by a third party. <b>DO NOT</b> report services paid entirely by a third party, even if that service is provided by an individual whose salary is Ryan White-funded. |  |  |   |
| 28.   | Received Case management (non-medical) services <u>each quarter during this reporting period</u>   | Yes<br>No<br>Unknown<br>--- ---  | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |

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|---------|---|---------------------------------|---|
| 29.     | Received Child care services <u>each quarter during this reporting period</u>                                   | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 30.     | Received Developmental assessment/ early intervention services <u>each quarter during this reporting period</u> | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 31.     | Received Emergency financial assistance <u>each quarter during this reporting period</u>                        | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 32.     | Received Food bank/home-delivered meals <u>each quarter during this reporting period</u>                        | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 33.     | Received Health education/risk reduction <u>each quarter during this reporting period</u>                       | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 34.     | Received Housing services <u>each quarter during this reporting period</u>                                      | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 35.     | Received Legal services <u>each quarter during this reporting period</u>  | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 36.     | Received Linguistic services <u>each quarter during this reporting period</u>                                   | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |

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|---------|--|---------------------------------|---|
| 37.     | Received Transportation services <u>each quarter during this reporting period</u>                      | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 38.     | Received Outreach services <u>each quarter during this reporting period</u>                            | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 39.     | Received Permanency planning <u>each quarter during this reporting period</u>                          | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 40.     | Received Psychosocial support services <u>each quarter during this reporting period</u>                | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 41.     | Received Referral for health care/supportive services <u>each quarter during this reporting period</u> | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 42.     | Received rehabilitation services <u>each quarter during this reporting period</u>                      | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 43.     | Received Respite care <u>each quarter during this reporting period</u>                                 | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |
| 44.     | Received Substance abuse services—residential <u>each quarter during this reporting period</u>         | Yes<br>No<br>Unknown<br>--- --- | Accountability, use of funds<br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement |



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|--|---|---|--|
| 45.  | Received Treatment adherence counseling <u>each quarter during this reporting period</u>  | Yes<br>No<br>Unknown<br>--- ---   | Accountability, use of funds<br><br>Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement  |
| <b>Clinical information:</b><br>Outpatient/ambulatory medical care providers should report clinical data for eligible HIV-positive and indeterminate clients that receive a Ryan White funded medical service. |   |   |  |
| 46.  | Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period?</u>  | Yes<br>No<br>Unknown<br>-----   | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> <li>• GPRA</li> </ul>                    |
| 47.  | Date of the client's <u>first outpatient /ambulatory care visit</u> at this provider agency   | --/--/----<br>MM/DD/YYYY<br>(If only month and year are known, enter "01" as the day.)<br><br>Unknown | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to medical visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |
| 48.  | List all the dates of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period.</u> | --/--/----<br>MM/DD/YYYY  | Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul>  |
| 49.  | Report all CD4 counts and their dates for this client <u>during this report period.</u>   | Value ----<br>Date --/--/----<br>MM/DD/YYYY   | Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul>   |
| 50.  | Report all Viral Load counts and their dates for this client <u>during this report period</u>   | Value ----<br>Date --/--/----<br>MM/DD/YYYY   | Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul>   |

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|---------|---|---|--|
| 51.     | Was the client prescribed PCP prophylaxis at any time <u>during this reporting period</u> ?   | Yes<br>No<br>Not medically indicated<br>No, client refused<br>Unknown   | Necessary for performance measures relevant to PCP prophylaxis screening as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> </ul>            |
| 52.     | Was the client prescribed HAART at any time <u>during this reporting period</u> ?   | Yes<br>No, not medically indicated<br>No, not ready (as determined by clinician)<br>No, client refused<br>No, intolerance, side-effect, toxicity<br>No, HAART payment assistance unavailable<br>No, other reason<br>Unknown | Necessary for performance measures relevant to client's HAART status as required in:<br><ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |
| 53.     | Was the client screened for TB <u>during this reporting period</u> ?  | Yes<br>No<br>Not medically indicated<br>Unknown   | Necessary for performance measures relevant to TB screening as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> </ul>                         |
| 54.     | <b>If response is “no” or “not medically indicated” in Q53, then answer:</b> Has the client been screened for TB <u>since his/her HIV diagnosis</u> ? | Yes<br>No<br>Not medically indicated<br>Unknown   |  |
| 55.     | Was the client screened for syphilis <u>during this reporting period</u> ? (exclude all clients under the age of 18 who are not sexually active)      | Yes<br>No<br>Not medically indicated<br>Unknown   | Necessary for performance measures relevant to syphilis screening as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> </ul>                   |

| Field # | Variable Description  | Coding  | Rationale <sup>1</sup>   |
|---------|---|---|--|
| 56.     | Was the client screened for Hepatitis B <u>during this reporting period</u> ?   | Yes<br>No<br>Not medically indicated<br>Unknown | Necessary for performance measures relevant to Hep B screening as required for:<br><ul style="list-style-type: none"> <li>GPRA</li> </ul>  |
| 57.     | <b>If response is “no” or “not medically indicated” in Q56, then answer:</b><br>Was the client screened for Hepatitis B <u>since his/her HIV diagnosis</u> ?  | Yes<br>No<br>Not medically indicated<br>Unknown |  |
| 58.     | Has the client completed the vaccine series for Hepatitis B?  | Yes<br>No<br>Not medically indicated<br>Unknown | Necessary for performance measures relevant to Hep B as required for:  |
| 59.     | Was the client screened for Hepatitis C <u>during this reporting period</u> ?   | Yes<br>No<br>Not medically indicated<br>Unknown | Necessary for performance measures relevant to TB screening as required for:<br><ul style="list-style-type: none"> <li>GPRA</li> </ul>   |
| 60.     | <b>If response is no” or “not medically indicated” in Q59, then answer:</b> Has the client been screened for Hepatitis C <u>since his/her HIV diagnosis</u> ? | Yes<br>No<br>Not medically indicated<br>Unknown |  |
| 61.     | Was the client screened for substance use (alcohol and drugs) <u>during this reporting period</u> ?   | Yes<br>No<br>Not medically indicated<br>Unknown | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for performance measures relevant to substance use screening as required for:<br><ul style="list-style-type: none"> <li>GPRA</li> </ul> |
| 62.     | Was the client screened for mental health <u>during this reporting period</u> ?   | Yes<br>No<br>Not medically indicated<br>Unknown | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for performance measures relevant to mental health screening as required for:<br><ul style="list-style-type: none"> <li>GPRA</li> </ul> |

| Field # | Variable Description  | Coding   | Rationale <sup>1</sup>   |
|---------|---|--|--|
| 63.     | <b>(For HIV+ women only)</b><br>Did the client receive a Pap smear <u>during this reporting period</u> ?  | Yes<br>No<br>Not medically indicated<br>Not applicable<br>Unknown  | Necessary for performance measures relevant to Pap smears as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> </ul>   |
| 64.     | <b>(For HIV+ women only)</b><br>Was the client pregnant <u>during this reporting period</u> ?   | Yes<br>No<br>Not applicable<br>Unknown   | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to pregnant clients as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul>                                      |
| 65.     | <b>(For HIV+ women only)</b><br><b>If response is “yes” in Q64, then answer:</b> When did the client enter prenatal care?   | First trimester<br>Second trimester<br>Third trimester<br>At time of delivery<br>Not applicable<br>Unknown | Ryan White HIV/AIDS Treatment Extension Act of 2009 Legislative Requirement<br><br>Necessary for all performance measures relevant to appropriate services to reduce perinatal transmission as required for:<br><ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> </ul> |
| 66.     | <b>(For HIV+ women only)</b> <b>If response is “yes” in Q64, then answer:</b> Was the client prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV? | Yes<br>No<br>Not applicable<br>Unknown   |  |

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- 1 \* Ryan White legislation: Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- \* GPRA: The Government Performance and Results Act (GPRA), enacted in 1993, requires Federal agencies to establish standards measuring their performance and effectiveness.
- \* PART: The Program Assessment Rating Tool (PART) was developed to assess and improve program performance so that the Federal government can achieve better results.